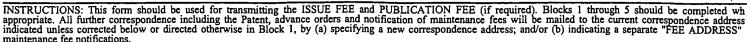
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transmitted to the USPTO (703) 746-4000, on the date indicated below. STAAS & HALSEY LLP SUITE 700 1201 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005 04/13/2005 JADDO2 00000165 193935 (Depositor's na 10049458 01 FC:15þ1 1400.00 DA (Signat 02 FC:1504 300.00 DA ത APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/049,458 06/24/2002 Ji-Tae Kim 1658.1001 3881 TITLE OF INVENTION: PASSIVE TRANSPONDER IDENTIFICATION AND CREDIT-CARD TYPE TRANSPONDER APPLN, TYPE SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE NO \$1400 \$300 nonprovisional \$1700 04/12/2005 **EXAMINER** ART UNIT CLASS-SUBC LASS LA, ANH V 2636 340-933000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SEOUL, REPUBLIC OF KOREA CREDIPASS CO., LTD. Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XXCorporation or other private group entity Governm 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): XX Issue Fee A check in the amount of the fee(s) is enclosed. Management Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 19-3935 (enclose an extra copy of this form). ■ Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _

Date April 12, 2005

Registration No. 42, 758 Typed or printed name Michael E. Kondoudis

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